

# ARIZONA JR/SR HIGH SCHOOL

## Enrollment Application

### Official Use Only

\_\_\_\_ POR  
\_\_\_\_ Birth Certificate  
\_\_\_\_ Shot records

### Student Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First	Middle	Last	
Enrollment Year	Age	DOB	Grade at time of enrollment
Cell Phone	Home Phone		
Email Address			
Street Address	City	State	Zip

### Father's Information

First	Middle	Last	
Cell Phone	text y/n	Home Phone	
Email Address			
Street Address	City	State	Zip
Employer			

### Mother's Information

First	Middle	Last	
Cell Phone	text y/n	Home Phone	
Email Address			
Street Address	City	State	Zip
Employer			

### Emergency Contacts

Name	Relationship
Phone	
Name	Relationship
Phone	
Name	Relationship
Phone	

### Previous Schools Attended

School Name			
Grades Attended	Start Date	End Date	
Address	City	State	Zip
Phone	Fax		



RACE/ETHNICITY (Please Circle)

Is the student Hispanic or Latino? Yes No

What is the student's race? (Select one or more)

American Indian/Alaska Native Asian Black/American African Native Hawaiian/Other Pacific  
Islander White

EDUCATION HISTORY

Has it ever been suggested or has your been referred to any of the following programs:

- |   |                |
|---|----------------|
| <input type="radio"/> Title 1 Reading       | Results: _____ |
| <input type="radio"/> Title 1 Math          | Results: _____ |
| <input type="radio"/> Speech & Language     | Results: _____ |
| <input type="radio"/> Psychological Testing | Results: _____ |
| <input type="radio"/> Counseling            | Results: _____ |
| <input type="radio"/> Gifted                | Results: _____ |
| <input type="radio"/> Special Services      | Results: _____ |

Did your child receive any Special Services at the previous school? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain the type of services received.

Does your child have a current IEP (Individual Education Plan)? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain and attach a copy of the IEP.

Does your child have a current 504 Plan? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain and attach a copy of the 504 Plan.

STUDENT'S HEALTH HISTORY

Known Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Reason for Medications \_\_\_\_\_

My child may have Acetaminophen (Generic Tylenol). \_\_\_\_ Yes \_\_\_\_ No Child's Age \_\_\_\_

Child's Weight \_\_\_\_

My Child may have Ibuprofen. \_\_\_\_ Yes \_\_\_\_ No Child's Age \_\_\_\_

Child's Weight \_\_\_\_

My child may have cough drops. \_\_\_\_ Yes \_\_\_\_ No

In the event that my child has an insect bite or cut, an anti-bacterial first aid spray may be used \_\_\_\_

Yes \_\_\_\_ No

My child may have Benadryl (Or a Generic Brand) for stings, insect bites, or allergies.

\_\_\_\_ Yes \_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Arizona Department of Education

### Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

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2. What language does the student speak *most* of the time?

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3. What language did the student first speak or understand?

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Student Name\_\_\_\_\_ District Student ID\_\_\_\_\_

Date of Birth\_\_\_\_\_ SSID\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

District or  
Charter\_\_\_\_\_

School\_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.  
In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)





**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_ Temporary on-base billeting facility (for military families)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.





**State of Arizona**  
**Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



## Media Release Form

I, the undersigned, hereby grant AZJRSRHS and it's respective officers, employees, and independent contractors, indefinitely and without compensation to me, permission to use my image, audio, and video recordings of me for promotional and publicity purposes in any format including, but not limited to, print, broadcast, and online platforms. I hereby release AZJRSRHS from any and all claims, demands, and liabilities whatsoever in connection with such use.

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Signature

---

Date

---

Printed Name

---

Street Address

---

City

---

Stae/Zip

---

Phone Number

---

Email Address

I, the undersigned, being parent or legal guardian of the above-named person, do hereby join in the foregoing authorization and release, individually and on behalf of the above-named person.

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Signature

---

Date

---

Printed Name



## Directory Information/Opt Out Form

The family Educational Rights and Privacy Act (FERPA) requires Arizona Jr/Sr High School and its affiliates, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from you or your child's education records. However, AZJRSRHS may disclose appropriately designated directory information without written consent, unless you have advised AZJRSRHS to the contrary in accordance with AZJRSRHS procedures. The primary purpose of directory information is to allow AZJRSRHS to include this type of information from you or your child's education records in certain school publications and marketing materials. Examples include:

- Honor roll or other recognition lists;
- Graduation programs;
- Sports activity sheets, that may show weight and height of team members;
- Annual yearbook;
- A playbill;
- Public marketing, promotional, and publicity materials for AZJRSRHS schools and programs.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that print diplomas or publish yearbooks, third parties, and the general public. In addition, two federal laws require local educational agencies (LEA) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters upon request, with three directory information categories-names, addresses, and email/telephone listings-unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want AZJRSRHS to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing each year, using the Opt Out form. Once students have attained the age of eighteen (18) years, they must notify the school in writing within thirty (30) days of their eighteenth birthday that they do not want to disclose directory information without prior written consent. AZJRSRHS has designated the following information as directory information:

- |  |  |
|--|--|
| • Students name                        | • Photograph   |
| • Parent/Guardian name(s)              | • Participation in officially recognized activities and sports |
| • Address                              | • Weight and height of members of athletic teams               |
| • Email/Telephone listing              | • The most recent educational agency or institution attended   |
| • Grade level                          | • Post high school career plans                                |
| • Date of birth                        |  |
| • Dates of attendance                  |  |
| • Degrees, honors, and awards received |  |



# Directory Information/Opt Out Form Signature Page

(For Directory Information and Student Photographs)

If you do not wish photographs or directory information released about you or your student, complete the information below and return to the program's director. If no documentation is on file, it will be assumed that permission for release of directory information and/or photos has been granted. The request to opt out is recorded into the student information system and the form is kept on file for one school year. Return the completed form prior to enrollment each year. Once a student attains the age of eighteen years, he/she must return the completed form to the program within thirty days of the birth date. For more information, please contact your program's supervisor.

## **Directory information can be made public without the consent of parents.**

Directory information means the student's name, parent/guardian name(s), address, telephone listing, birth date, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, type of awards received and the most recent school attended by the student. The names address and telephone number of students in grades 9-12 will be released upon request to military recruiters and institutions of higher education unless parents have advised the school in writing that they do not want their student's information disclosed without their prior written consent. In addition, NAzSA will release the students current school, address and telephone number to appropriate law enforcement personnel including Child Protective Services.

1. You May \_\_\_\_\_ May Not \_\_\_\_\_ use any pictures/information of my student for Press Release/Public Relations
2. You May \_\_\_\_\_ May Not \_\_\_\_\_ use any pictures/information of my student for school Social Media.
3. You May \_\_\_\_\_ May Not \_\_\_\_\_ use any pictures/information of my student for Military
4. You May \_\_\_\_\_ May Not \_\_\_\_\_ use any pictures/information of my student for School Directory information.
5. You May \_\_\_\_\_ May Not \_\_\_\_\_ use any pictures/information of my student for Scholarships/Grants

I understand that students may be highlighted in efforts to promote their success at AZJRSRHS through newspapers, radio, TV, the web, Social Media Pages, displays, brochures etc.. I have given permission to my student's information and image and AZJRSRHS will not receive any monetary gain with said use. I am also fully aware that I will not receive any monetary compensation for my student's participation. I release AZJRSRHS, it's board members, employees, and representatives from liabilities, known and/or unknown, arising out of the use of this information.

Parent Signature/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#).

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520

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Last Modified: 03/01/2018



I, \_\_\_\_\_, give consent for an AZJRSRHS staff member to release educational records to \_\_\_\_\_ (relationship).

Type of Information that is to be released is:

\_\_\_\_\_ Transcript  
\_\_\_\_\_ Disciplinary Records  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Grades  
\_\_\_\_\_ Other \_\_\_\_\_

The information is to be released for the purpose of supporting the student in their goal to earn a diploma.

I understand the information may be released orally or in the form of copies of records, as preferred by the requestor. I have the right to be notified when records are requested by the person indicated above. I understand that I may revoke this consent upon written notice. Until then, educational records will be released for the specific purpose of supporting the student in their goal to earn a high school diploma.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2021 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

No ☐

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.



**ESEA Eligibility Guidelines**  
Effective from July 1, 2020 to June 30, 2021

		Indicator 1					Indicator 2			
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$16,588	\$1,383	\$692	\$638	\$319	\$23,606	\$1,968	\$984	\$908	\$454
2	\$22,412	\$1,868	\$934	\$862	\$431	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For Each Add'l Household Member Add	\$5,824	\$486	\$243	\$224	\$112	\$8,288	\$691	\$346	\$319	\$160